PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Numb	_{per} 0119-013		
		First Named Inventor	Adam Zadok		
		COMPLETE IF KNOWN			
		Application Number	1		
☑Declaration ☐Declaration Submitted OR Submitted after Initial With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	OR	☐Declaration Submitted after Initial	Filing Date	herewith	
	Filing (surcharge	Group Art Unit			
		Examiner Name	<u> </u>		

As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
SUPPORT FOR HAND HELD CAMERA							
the specification of which	(Title of th	e Invention)					
is attached hereto							
OR							
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?		
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO		
		· ·					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

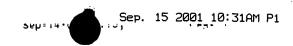
[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

CITY

additional invantors one boing names on the

FROM : Panasonic FAX SYSTEM Sent By: Baker and Eddy LLP



PTO.SB.01 (U.S.C.1)
Approved for use through 10/31/2012, Oxide 0851-0032
U.S. Petern and Tracement Office, U.S. DEPARTMENT OF COMMERCE
2 a contaction of information unless a Unider the Paperwork Reduction Act of 1885, no personal or a required to respond to a con-DECLARATION -- Utility or Design Patent Application OR Correspondence address below 🔀 Customer Number Direct all correspondence to: 29502 or Bar Code Label Freting E. Baker Name 12625 High Stuff Orline Suits 208 Address 92130 CA San Diego ZJP State CITY 858) \$80-657C (856) 350-9520 LISA Telephone I hereby declare that all elements mude herein of my own knowledge are two and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that width false statements and the true so made are punishable by fine or imprisonment, or both, under 19 U.S.C. 1001 and that zuch willful false statements may jeopardize the validity of the application or any patent issued thereon. Country NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Family Name Zadok Adam: Given Name emsmue se (first and middle [if any]) Inventor's Date Signature Italy Illinois USA cicero C Citizenship Country Residence: City 1623 S. 56th Court Mailing Address USA 60804 Illinois Cicero Country City A patition has been filed for this unsigned Inventor NAME OF SECOND INVENTOR: Family Name Given Name <u>~ Sumame</u> (first and middle [if any]) Inventor's Stanstym Citizenship Stee Residence: City Matting Address

[Page 2 of 2]

supplemental Additional Inventor(s) shoel(a) PTO/SB/02A ettached herelo.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numb or Bar Code Lab		29502		OR	Correspondance address bel	low
Freling E. Baker Name						
12625 High Bluff Drive Suite 203		- <u> </u>				
Address						
San Diego	CA			9	2130	
City	State			z	IP	
USA		(858) 35	0-9520		858) 350-9570	
Country		Teleph	one		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:	☐ A petit	ion has	been f	iled for t	his unsigned inventor	
Given Name Adam Family Name Zadok (first and middle [if any]) consume				ok		
Inventor's Signature Date						
Cicero	Illinois		USA		Italy	
Residence: City	State		Count	try	Citizenship	
1623 S. 56 th Court						
Mailing Address					•	
Cicero	Illinois	·	60804	,	USA	
City	State		Zip		Country	
NAME OF SECOND INVENTOR: A	etition has b	een file	d for th	nis unsig	ned inventor	
Given Name (first and middle [if any])			ily Nam urname			
Inventor's Signature				Date		
				-		
Residence: City	State		Count	trv	Citizenship	
Treatmenter, Old	1 4 14 14			· · · · · · · · · · · · · · · · · · ·		_
Mailing Address						
muning Address						
City	State		Zip		Country	
Additional inventors are being named on the	_ supplemental	Additiona	ıl Invento	r(s) sheet(s	s) PTO/SB/02A attached hereto.	

Ð

Please type a plus sign (+) analds this bax -> +

Under the Papenwork Reduction Act of 1995, no persons,

PTO.SB/81 (02-01)

Approved for use through 10/31/2002, Olina 0551-0095

Approved for use through 10/31/2002, Olina 0551-0095

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Pication Number برجه Filing Date POWER OF ATTORNEY OR Adam Zadok First Named Inventor **AUTHORIZATION OF AGENT** Group Art Unit Examiner Name 0118-013 Attorney Darker Humber I hereby appoint: Place Customer Number Bar Code Practitioners at Customer Number Laugh deute Premitenants) nomed balant Registration Number Name 24,078 Freling E. Baker 42,505 Michael F. Eskh as my/our attermay(s) or egent(s) to prosecute the application thetallied above, and to irrensect all business in the Potent and Tracartait: Office connected financials. Please change the correspondence address for the above-identified application to: Place Customer ☐ The above-mentioned Customer Number. NUMBER SELF CODE Gž Label here Partitioners of Gustamer Number DR 🗵 Firm 🔗 Freling E. Baker Individual learns 12688 High Bhill Drive 3,518 203 Addn-1:3 Address 92130 CA State Sen Diago City **55.** Country 8158) 360-5370 Fax (858) 360-3620 Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 9.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Adam Zadok Name Signature Date NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see barow.

Burden Mour Sussament: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissions: for Patis. Its Visshington, DC 20231.

Please type a plus sign (+) inside th	\rightarrow $+$

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Under the Paperwork Reduction Act of 1995, no persons a	are required to respond to a collection of it	nformation unless it displays a valid OMB control number.
	Application Number	
	Filing Date	
POWER OF ATTORNEY OR	First Named Inventor	Adam Zadok
AUTHORIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	0119-013

I hereby appoint:		- 1	Γ	Place Ci	ustomer	7	
☑ Practitioners at Customer Number 29502 OR					Bar Code		
☑ Practitioner(s) na	med below:						
	Name		Registratio	n Numbei	r		
	Freling E. Baker		24,0	78			
	Michael P. Eddy		42,505				
		1	-				
as my/our attorney(s) Trademark Office cor	or agent(s) to prosecute the application nected therewith.	identifie	ed above, and to	transact a	Il business in th	ne Patent and	
Please change the	correspondence address for the above-i	dentified	application to:				
_	tioned Customer Number.			Place C	Customer		
OR				Numbe Label h	r Bar Code	1	
Practitioners at C OR	ustomer Number			Laberti			
Firm or Individual Name	I Tolling L. Duko:						
Address	12625 High Bluff Drive Suite 203						
Address							
City	San Diego	State	CA	ZIP	92130		
Country	USA						
Telephone	(858) 350-9520	Fax	1858) 350-9570				
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
	SIGNATURE of Applic	ant or A	ssignee of Reco	ord			
Name Adam 2	Zadok						
Signature		·					
Date						 	
NOTE: Signatures of	all the inventors or assignees of recost if more than one signature is require	rd of the	e entire interest o	or their re	presentative(s) are required.	
Total of	orms are submitted.	.u, 366 L					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.